MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County Jackson Registration District No. 399 File No. 36117
Township Kaw Primary Registration District No. 1006 Registered No. 4522
City Kansas City (No. 2019 Brooklyn St. Ward)

2. FULL NAME Frances S. White
(a) Residence. No. 2019 Brooklyn St. 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Jack White

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 16 1857

7. AGE Years 72 Months 10 Days 18 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER George Frazier
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Roberta Frazier
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Lettie Miller
(Address) 2019 Brooklyn

15. FILED 11/7, 1930 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 4, 1930

17. I HEREBY CERTIFY, That I attended deceased from 10-20, 1930, to 10-4-, 1930 that I last saw her alive on 10-4-, 1930 and that death occurred, on the date stated above, at 10:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilitation of Heart
(duration) yrs. 3 mos. ds.
CONTRIBUTORY (SECONDARY) Acute Pleurisy (Tuberculous) (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Home
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? no
(Signed) F. J. Haugh, M. D.
11/5, 1930 (Address) 2200 E 18

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Highland DATE OF BURIAL Nov. 7 1930

20. UNDERTAKER Adkins Bros ADDRESS 2000 E. 12th